

TRAINING: When claiming college, business, armed forces or vocational school credit, you must submit transcripts or other official documents (original or photocopy) with your application.

EDUCATION AND TRAINING

Have you graduated from high school or received a high school equivalency diploma? (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12											
College, Business or Trade School or Special Training	CREDITS COMPLETED		Major	Degree Certificate or Years Attended										
	SEMESTER HOURS	QUARTER HOURS												

LANGUAGES: List languages you speak, read and write other than English: _____

TYPE SPEED _____ Net words per minute

EXPERIENCE: Begin with your present or most recent job and describe, in the boxes below, all periods of employment such as paid (full or part time), volunteer (full or part time), self employment, and / or military service. Account for your time during any intervals of unemployment other than when attending school. Attach addendum if necessary, using the same format.

Employer's Name and Phone Number:			
Complete Address:			
Your Title:		From:	To:
Full Time	Part Time	Volunteer	Other
		Hours per week	Last monthly pay \$
Supervisors Name, Title and Phone Number:			
Duties:			
Reason for leaving or seeking other employment:			

Employer's Name and Phone Number:			
Complete Address:			
Your Title:		From:	To:
Full Time	Part Time	Volunteer	Other
		Hours per week	Last monthly pay \$
Supervisors Name, Title and Phone Number:			
Duties:			
Reason for leaving or seeking other employment:			

Employer's Name and Phone Number:			
Complete Address:			
Your Title:		From:	To:
Full Time	Part Time	Volunteer	Other
Hours per week		Last monthly pay \$	
Supervisors Name, Title and Phone Number:			
Duties:			
Reason for leaving or seeking other employment:			

Employer's Name and Phone Number:			
Complete Address:			
Your Title:		From:	To:
Full Time	Part Time	Volunteer	Other
Hours per week		Last monthly pay \$	
Supervisors Name, Title and Phone Number:			
Duties:			
Reason for leaving or seeking other employment:			

Additional Qualifications and Skills: *Machines, Equipment, Tool Used, Related Activities, etc.*

III. REFERENCES: List three persons who are not related to you and who have definite knowledge of your qualification for this position for which you are applying.

Full Name	Present Business or Home Address (Street, City, State, Zip)	Business or Occupation	Phone Number

Yes No 1. Have you, since the age of 18, been convicted of a crime, excluding minor traffic offenses? If yes, give dates, details and penalties for each occurrence, including dates of any probationary periods on a separate sheet. (Note: Each conviction will be judged in relation to time, seriousness, circumstances and relationship to the position sought, and will not necessarily bar you from employment).

Yes No 2. Have you ever been discharged or forced to resign? If yes, please explain on a separate sheet.

- Yes No 3. Would accommodations / assistance be helpful to you in taking the examination for this position?
If yes, describe on a separate sheet.
- Yes No 4. If the position for which you are applying is hazardous in nature, including but not limited to working with or around heavy equipment or hazardous material (see posted job announcement), are you 18 years of age or older?
- Yes No 5. Are you a citizen by birth, or a naturalized citizen of the U.S.?
- Yes No 6. If no, are you eligible to work in the U.S.?
- Yes No 7. Are you willing to have your current employer contacted regarding your employment record?

IV. READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT

I hereby authorize any previous employers to give and release to Southwest Mosquito Abatement and Control District any and all information of whatever kind in either written or verbal form which relates to my ability to perform the duties of the position for which I am applying. I release Southwest Mosquito Abatement and Control District from any liability for the use of this information in considering and reviewing my application for the available position.

I also agree to allow Southwest Mosquito Abatement and Control District to determine my competence for certain positions in departments where funds are involved, by obtaining credit, criminal and other job related information about me.

I understand that this employment application and supporting documents are not contracts of employment and that any oral or written statements to the contrary are hereby expressly disavowed.

I certify that all statements made in this application are true and complete, and understand that any misrepresentation of material fact may subject me to disqualification or dismissal.

Signature: _____

Date: _____